



**CITY OF READING**  
**DEPARTMENT OF PUBLIC WORKS**  
**OFFICE OF SOLID WASTE**  
815 WASHINGTON STREET  
READING, PA 19601  
PHONE: (610) 655-6220 FAX: (610) 655-6019

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## **REBATE FORM**

### **FOR LOW INCOME SENIOR CITIZENS**

*(Income less than \$17,000 per individual or \$32,000 for married couples)*

Application available MAY 1 through JUNE 30

Name of Applicant: \_\_\_\_\_

Premise Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: (     ) \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Account Number:     (R) \_\_\_\_\_

All rebates will be credited to your recycling bill. In the case of co-ownership, the rebate will be credited to your account as long as one of the owners is sixty-five years of age or older and meets the income requirements. Proof of age and income must be submitted with the application.

#### **YEARLY INCOME FOR TOTAL HOUSEHOLD**

Social Security and SSI Benefits:	\$ _____
Pensions, Annuities, and Railroad Retirement	\$ _____
Alimony and Support Payments	\$ _____
State (Unemployment Benefits)	\$ _____
Veterans disability payments	\$ _____
Wages, Salaries, and Bonuses	\$ _____
Interest, dividends, and Capital Gains	\$ _____
Workman's Compensation Payments	\$ _____
Rental Income	\$ _____
Life Insurance Benefits in excess of \$5,000	\$ _____
Cash Gifts	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

Under penalties of perjury, I declare that to the best of my knowledge, this information is true, correct and complete.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_